

39. Smoke detector Information:

Smoke detector(s) _____

Properly located _____

*Hard-Wired * _____

*if N or H see note on p. 3, item 39

Disclosure Report**Saint Paul Truth-in-Sale of Housing**

(Carefully read this entire report)

Office Use, ONLY:

Date Received _____

Payment Ref. _____

THIS REPORT IS NOT A WARRANTY, BY THE CITY OF ST. PAUL OR EVALUATOR OF THE FUTURE USEFUL LIFE, OR THE FUTURE CONDITION OF ANY BUILDING COMPONENT OR FIXTURE.**Notice:** A copy of this Report must be publicly displayed at the premises when the house is shown to prospective buyers, and a copy of this Report must be provided to the buyer prior to the time of signing a Purchase Agreement.**Address of Evaluated Dwelling:** _____

Addresses without the correct street type and/or direction may be returned and may incur a late fee.

Owner's Name: _____**Owner's Address:** _____**Current Usage of this dwelling:** ☐ **Single Family** ☐ **Townhouse** ☐ **Condo***☐ **Duplex** ☐ **Other:** _____
Usage may not be legal. See below.

*For condominium units, this evaluation includes only those items located within the residential unit and does not include the common use area, or other residential areas of the structure.

Comments: _____**PROPERTY LOCATION AND POSSIBLE USE RESTRICTION INFORMATION***If a box is not checked then the information does not apply to this dwelling. This information is not guaranteed by the evaluator nor by the City of Saint Paul.* You may obtain a printout of all this information by visiting the DSI website at: **www.stpaul.gov/dsi/**, click on the icon labelled **"Look Up Permits and Property Info"**

According to information provided to Truth-In-Sale of Housing Evaluators by the City of Saint Paul this property:

- ☐ **IS** located within a Saint Paul **Heritage Preservation District** or is individually designated as a Saint Paul Heritage Preservation site. Review and approval of exterior work (excluding painting), modifications, additions and demolition is required by the Heritage Preservation Commission and city staff. For questions regarding Heritage Preservation contact the **Department of Safety and Inspections (DSI)** at **651-266-9090**.
- ☐ **IS** a **Category _____ Registered Vacant Building**. Obtain and read Chapter 43 of the St. Paul Legislative Code. Contact the **DSI-Vacant Buildings** section at **651-266-1900** for information specific to this property. New owners must re-register the building. There may be outstanding fees for registration, a performance bond requirement, and code compliance orders. Other fees and regulations or restrictions regarding occupancy may apply.
- ☐ **HAS Open permits.** Go to **www.stpaul.gov/dsi/**, click on **"Look Up Permits and Property Info"** to view information. Completion and/or occupancy restrictions or requirements may apply. Call **651-266-9090** for permit information.
- ☐ **IS a Verified Legal Duplex.** If this dwelling is in use as a duplex and this box is **not** checked, contact **DSI Zoning** at **651-266-9008** for the most recent information. Research into a property's history may incur a fee.

RATING**KEY:****"M"** = Meets minimum standards - the item conforms to minimum standards of maintenance**"B"** = Below minimum standards - the item is below minimum standards**"C"** = Comments - the item cannot be adequately evaluated or it has some deficiency, but the deficiency is insufficient to make the item below minimum standards.**"H"** = Hazardous - the item in its present condition may endanger the health and safety of the occupant.Any item marked **"B"**, **"C"**, or **"H"** must have a written comment about the item. Additional comment sheets may be attached if needed.**"Y"** = Yes**"N"** = No**"NV"** = Not Visible/Viewed**"NA"** = Not Applicable**This Report:**

- is intended to provide basic information to the home buyer and seller prior to the time of sale. This report WILL NOT be used to enforce the requirements of the Legislative Code; however, this evaluation form will be used by the Fire Department to determine if there is compliance with the requirements for a hard-wired smoke detectors.
- is based on the current Truth-in-Sale of Housing Evaluator Guidelines.
- is not warranted, by the City of Saint Paul, or by the evaluator, for the condition of the building component, nor of the accuracy of this report.
- covers only the items listed on the form and only those items **visible at the time of the evaluation**. The Evaluator is not required to ignite the heating plant (except during the heating season), use a ladder to observe the condition of the roofing, disassemble items or evaluate inaccessible areas.
- may be based upon different standards than the lender, Federal Housing Administration (FHA) or Veterans Administration (VA).
- is valid for one year from the date of issue and only for the owner named on this report.

Questions regarding this report should be directed to the evaluator.**Complaints regarding this report should be directed to Department of Safety and Inspections, Truth-in-Sale of Housing Program, Phone No. (651) 266-1900.**

EVALUATOR: _____ PHONE: _____ DATE: _____

Property Address: _____

See page 1 for Rating Key **Item #**

Comment

Specify location(s), where necessary

BASEMENT/CELLAR

1. Stairs and Handrails _____
2. Basement/cellar floor _____
3. Foundation _____
4. Evidence of dampness or staining _____
5. First floor, floor system _____
6. Beams and columns _____

ELECTRICAL SERVICE(S) # of Services _____

7. Service size:

Amps: 30 _____ 60 _____ 100 _____ 150 _____ Other _____

Volts: 115 _____ 115/220 _____

BASEMENT ONLY:

8. Electrical service installation/grounding _____
9. Electrical wiring, outlets and fixtures _____

PLUMBING SYSTEM

10. Floor drain(s) (basement) _____
11. Waste and vent piping (all floors) _____
12. Water piping (all floors) _____
13. Gas piping (all floors) _____
14. Water heater(s), installation _____
15. Water heater(s), venting _____
16. Plumbing fixtures (basement) _____

HEATING SYSTEM(S) # of _____

17. Heating plant(s): Type: _____ Fuel: _____

- a. Installation and visible condition _____
- b. Viewed in operation (required in heating season) _____
- c. Combustion venting _____

The Evaluator is not required to ignite the heating plant(s), except during heating season, between October 15 and April 15.

18. Additional heating unit(s) Type: _____ Fuel: _____

- a. Installation and visible condition _____
- b. Viewed in operation _____
- c. Combustion venting _____

19. **ADDITIONAL COMMENTS (1 through 18)** _____

EVALUATOR: _____ DATE: _____

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Property Address: _____

See page 1 for Rating Key **Item #** **Comment**

KITCHEN

Where there are multiple rooms to a category, the Evaluator must specify the room to which a Comment is related.

- 20. Walls and ceiling _____
- 21. Floor condition and ceiling height _____
- 22. Evidence of dampness or staining _____
- 23. Electrical outlets and fixtures _____
- 24. Plumbing fixtures _____
- 25. Water flow _____
- 26. Window size/openable area/mechanical exhaust . _____
- 27. Condition of windows/doors/mech. exhaust _____

LIVING AND DINING ROOM(S)

- 28. Walls and ceiling _____
- 29. Floor condition and ceiling height _____
- 30. Evidence of dampness or staining _____
- 31. Electrical outlets and fixtures _____
- 32. Window size and openable area _____
- 33. Window and door condition _____

HALLWAYS, STAIRS AND ENTRIES

- 34. Walls, ceilings, floors _____
- 35. Evidence of dampness or staining _____
- 36. Stairs and handrails to upper floors _____
- 37. Electrical outlets and fixtures _____
- 38. Window and door condition _____
- 39. Smoke detector(s) _____
Properly located _____
* Hard-Wired (HWSD) *

*if N or H in a single family home then SPFire Dept requires HWSD installation

BATHROOM(S)

- 40. Walls and ceiling _____
- 41. Floor condition and ceiling height _____
- 42. Evidence of dampness or staining _____
- 43. Electrical outlets and fixtures _____
- 44. Plumbing fixtures _____
- 45. Water flow _____
- 46. Window size/openable area/mechanical exhaust . _____
- 47. Condition of windows/doors/mech. exhaust _____

SLEEPING ROOM(S)

- 48. Walls and ceiling _____
- 49. Floor condition and ceiling height _____
- 50. Evidence of dampness or staining _____
- 51. Electrical outlets and fixtures _____
- 52. Window size and openable area _____
- 53. Window and door condition _____

ENCLOSED PORCHES AND OTHER ROOMS

- 54. Walls, ceiling, and floor, condition _____
- 55. Evidence of dampness or staining _____
- 56. Electrical outlets and fixtures _____
- 57. Window and door condition _____

ATTIC SPACE (Visible Areas)

- 58. Roof boards and rafters _____
- 59. Evidence of dampness or staining _____
- 60. Electrical wiring/outlets/fixtures _____
- 61. Ventilation _____
- 62. **ADDITIONAL COMMENTS (20 through 61)** _____

EVALUATOR: _____ DATE: _____

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Property Address: _____

See page 1 for Rating Key **Item #** **Comment**

EXTERIOR (Visible Areas)

- 63. Foundation _____
- 64. Basement/cellar windows _____
- 65. Drainage (grade) _____
- 66. Exterior walls _____
- 67. Doors (frames/storms/screens) _____
- 68. Windows (frames/storms/screens) _____
- 69. Open porches, stairways and decks _____
- 70. Cornice and trim _____
- 71. Roof structure and covering _____
- 72. Gutters and downspouts _____
- 73. Chimneys _____
- 74. Outlets, fixtures and service entrance _____

GARAGE(S) / ACCESSORY STRUCTURE(S)

- 75. Roof structure and covering _____
- 76. Wall structure and covering _____
- 77. Slab condition _____
- 78. Garage door(s) _____
- 79. Garage opener(s) - (see important notice #6) _____
- 80. Electrical wiring, outlets and fixtures _____
- 81. **ADDITIONAL COMMENTS (63 through 80)** _____

FIREPLACE/WOODSTOVES # of

- 82. Dampers installed in fireplaces _____
- 83. Installation _____
- 84. Condition _____

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SUPPLEMENTAL INFORMATION - No determination is made whether items meet minimum standards (Y/N, NA, NV, only)

INSULATION	Y/N	Type	Inches/Depth
85. Attic Insulation	_____	_____	_____
86. Foundation Insulation	_____	_____	_____
87. Knee Wall Insulation	_____	_____	_____
88. Rim Joist Insulation	_____	_____	_____

- 89. **ADDITIONAL COMMENTS (82 through 88)** _____

I hereby certify I prepared this report in compliance with the Saint Paul Evaluator Guidelines and all other applicable policies and procedures of the Truth-in-Sale of Housing Board. I have utilized reasonable and ordinary care and diligence and I have noted all conditions found that do not conform to the minimum standards of maintenance.

Evaluator Signature Phone Number Date Page ____ of ____
Printed Name: _____

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IMPORTANT NOTICES

1. All single family residences in Saint Paul must have at least one smoke detector connected to the electrical system (hard-wired). The detector must be located near sleeping rooms. For more information call Fire Prevention, (651) 228-6230. (Saint Paul Legislative Code, Chapter 58.)
2. Rainleaders connected to the sanitary sewer system must be disconnected. For more information call Public Works, Sewer Utility, (651) 266-6234.
3. A house built before 1950 may have lead paint on/in it. If children ingest lead paint, they can be poisoned. For more information call Ramsey County Public Health, (651) 292-6525.
4. Neither the City of Saint Paul nor the Evaluator is responsible for the determination of the presence of airborne particles such as asbestos, noxious gases such as radon, or other conditions of air quality that may be present, nor the conditions which may cause the above.
5. If this building is used for any purpose other than a single family dwelling, it may be illegally zoned. To help you determine legal uses under the zoning ordinance, contact the Zoning Administrator at (651) 266-9008.
6. An automatic garage door should reverse upon striking an object. If it does not reverse it poses a serious hazard and should be immediately repaired or replaced.